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**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. 2013-246

**TERA JEAN EDISON
824 Richardson Street
Martinez, CA 94553**

DEFAULT DECISION AND ORDER

[Gov. Code, §11520]

Registered Nurse License No. 747629

RESPONDENT

FINDINGS OF FACT

1. On or about October 9, 2012, Complainant Louise R. Bailey, M.Ed.,RN, in her official capacity as the Executive Officer of the Board of Registered Nursing, Department of Consumer Affairs, filed Accusation No. 2013-246 against Tera Jean Edison (Respondent) before the Board of Registered Nursing. (Accusation attached as Exhibit A.)

2. On or about March 18, 2009, the Board of Registered Nursing (Board) issued Registered Nurse License No. 747629 to Respondent. The Registered Nurse License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2014, unless renewed.

3. On or about October 9, 2012, Respondent was served by Certified and First Class Mail copies of the Accusation No. 2013-246, Statement to Respondent, Notice of Defense, Request for Discovery, and Government Code sections 11507.5, 11507.6, and 11507.7 to Respondent's address of record which, pursuant to Business and Professions Code section 136 and Title 16, California Code of Regulation, section 1409.1, is required to be reported and maintained with the Board, which was and is:

824 Richardson Street

Martinez, CA 94553.

1 4. Service of the Accusation was effective as a matter of law under the provisions of
2 Government Code section 11505, subdivision (c) and/or Business & Professions Code section
3 124.

4 5. On or about December 20, 2012, the Certified Mail was returned by U S Postal
5 Service marked "Unclaimed." The address on the documents was the same as the address on file
6 with the Board. Respondent failed to maintain an updated address with the Board and the Board
7 has made attempts to serve the Respondent at the address on file. Respondent has not made
8 herself available for service and therefore, has not availed herself of her right to file a notice of
9 defense and appear at hearing.

10 6. Business and Professions Code section 2764 states:

11 The lapsing or suspension of a license by operation of law or by order or decision of
12 the board or a court of law, or the voluntary surrender of a license by a licentiate shall not deprive
13 the board of jurisdiction to proceed with an investigation of or action or disciplinary proceeding
14 against such license, or to render a decision suspending or revoking such license.

15 7. Government Code section 11506 states, in pertinent part:

16 (c) The respondent shall be entitled to a hearing on the merits if the respondent files a
17 notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation
18 not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's
19 right to a hearing, but the agency in its discretion may nevertheless grant a hearing.

20 8. Respondent failed to file a Notice of Defense within 15 days after service of
21 the Accusation upon her, and therefore waived her right to a hearing on the merits of Accusation
22 No. 2013-246.

23 9. California Government Code section 11520 states, in pertinent part:

24 (a) If the respondent either fails to file a notice of defense or to appear at the hearing, the
25 agency may take action based upon the respondent's express admissions or upon other evidence
26 and affidavits may be used as evidence without any notice to respondent.

27 10. Pursuant to its authority under Government Code section 11520, the Board after
28 having reviewed the proof of service dated October 9, 2012, signed by Brent Farrand, finds

Respondent is in default. The Board will take action without further hearing and, based on Accusation No. 2013-246 and the documents contained in Default Decision Investigatory Evidence Packet in this matter which includes:

- Exhibit 1: Pleadings offered for jurisdictional purposes; Accusation No. 2013-246, Statement to Respondent, Notice of Defense (two blank copies), Request for Discovery and Discovery Statutes (Government Code sections 11507.5, 11507.6 and 11507.7), proof of service; and if applicable, mail receipt or copy of returned mail envelopes;
- Exhibit 2: License History Certification for Tera Jean Edison, Registered Nurse License No. 747629;
- Exhibit 3: Affidavit of Marci Coronado;
- Exhibit 4: Certification of costs by Board for investigation and enforcement in Case No. 2013-246;
- Exhibit 5: Declaration of costs by Office of the Attorney General for prosecution of Case No. 2013-246

The Board finds that the charges and allegations in Accusation No. 2013-246 are separately and severally true and correct by clear and convincing evidence.

11. Taking official notice of Certification of Board Costs and the Declaration of Costs by the Office of the Attorney General contained in the Default Decision Investigatory Evidence Packet, pursuant to the Business and Professions Code section 125.3, it is hereby determined that the reasonable costs for Investigation and Enforcement in connection with the Accusation are \$10,193.00 as of November 29, 2012.

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DETERMINATION OF ISSUES

1. Based on the foregoing findings of fact, Respondent Tera Jean Edison has subjected her following license(s) to discipline:

a. Registered Nurse License No. 747629

2. The agency has jurisdiction to adjudicate this case by default.

3. The Board of Registered Nursing is authorized to revoke Respondent's license(s) based upon the following violations alleged in the Accusation, which are supported by the evidence contained in the Default Decision Investigatory Evidence Packet in this case.

a. Violation of Business and Professions Code section 2761(a) - Unprofessional Conduct.

b. Violation of Business and Professions Code section 2762(a) - Obtaining or possessing controlled substances without a prescription.

c. Violation of Business and Professions Code section 2762(b) - Use of controlled substance or alcohol to an extent or in a manner dangerous or injurious to oneself and others.

d. Violation of Business and Professions Code section 2762(e) - Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to a controlled substance.

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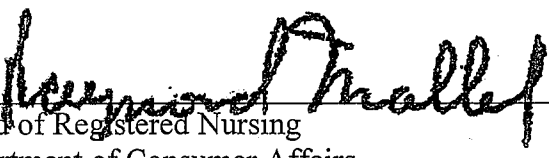
ORDER

IT IS SO ORDERED that Registered Nurse License No. 747629, heretofore issued to Respondent Tera Jean Edison, is revoked.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The agency in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective on MAY 2, 2013.

It is so ORDERED APRIL 2, 2013.



Board of Registered Nursing
Department of Consumer Affairs
State of California

Attachment:

Exhibit A: Accusation No. 2013-246

Exhibit A

Accusation No. 2013-246

1 KAMALA D. HARRIS
Attorney General of California
2 DIANN SOKOLOFF
Supervising Deputy Attorney General
3 SHANA A. BAGLEY
Deputy Attorney General
4 State Bar No. 169423
1515 Clay Street, 20th Floor
5 P.O. Box 70550
Oakland, CA 94612-0550
6 Telephone: (510) 622-2129
Facsimile: (510) 622-2270
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. *2013-246*

13 **TERA JEAN EDISON**
824 Richardson Street
Martinez, CA 94553

A C C U S A T I O N

14 **Registered Nurse License No. 747629**

15 Respondent.

16
17 Complainant alleges:

18 **PARTIES**

19 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
20 official capacity as the Executive Officer of the Board of Registered Nursing, Department of
21 Consumer Affairs.

22 2. On or about March 18, 2009, the Board of Registered Nursing issued Registered
23 Nurse License Number 747629 to Tera Jean Edison (Respondent). The Registered Nurse License
24 was in full force and effect at all times relevant to the charges brought in this Accusation and will
25 expire on May 31, 2014, unless renewed.

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3 (e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible
4 entries in any hospital, patient, or other record pertaining to the substances described
5 in subdivision (a) of this section.

6
7 9. Code section 2770.11 states:

8 (a) Each registered nurse who requests participation in a diversion program
9 shall agree to cooperate with the rehabilitation program designed by the committee
10 and approved by the program manager. Any failure to comply with the provisions of
11 rehabilitation program may result in termination of the registered nurse's participation
12 in a program. The name and license number of a registered nurse who is terminated
13 for any reason, other than successful completion, shall be reported to the board's
14 enforcement program.

15 (b) If the program manager determines that a registered nurse, who is denied
16 admission into the program or terminated from the program, presents a threat to the
17 public or his or her own health and safety, the program manager shall report the name
18 and license number, along with a copy of all diversion records for that registered
19 nurse, to the board's enforcement program. The board may use any of the records it
20 receives under this subdivision in any disciplinary proceeding.

21 10. Code section 4022 provides:

22 "Dangerous drug" or "dangerous device" means any drug or device unsafe for
23 self use in humans or animals, and includes the following:

24 (a) Any drug that bears the legend: "Caution: federal law prohibits
25 dispensing without prescription," "Rx only," or words of similar import.

26 (b) Any device that bears the statement: "Caution: federal law restricts this
27 device to sale by or on the order of a _____," "Rx only," or words of similar
28 import, the blank to be filled in with the designation of the practitioner licensed to
use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully
dispensed only on prescription or furnished pursuant to Section 4006.

11. Code section 4059, subdivision (a), provides, in pertinent part, that "[n]o person
shall furnish any dangerous drug, except upon the prescription of a physician . . ."

12. Code section 4060 provides, in pertinent part that "[n]o person shall possess
any controlled substance, except that furnished to a person upon the prescription of a
physician . . ."

1 13. Code section 4140 provides that: "No person shall possess or have under his or
2 her control any hypodermic needle or syringe except when acquired in accordance
3 with this article."

4 14. Health and Safety Code section 11173, subdivision (a), provides:

5 No person shall obtain or attempt to obtain controlled substances, or procure
6 or attempt to procure the administration of or prescription for controlled substances,
7 (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by concealment of a
material fact.

8 15. Health and Safety Code section 11190, subdivision (a), provides:

9 Every practitioner, other than a pharmacist, who prescribes or administers a
10 controlled substance classified in Schedule II shall make a record that, as to the
transaction, shows all of the following:

- 11 (1) The name and address of the patient.
12
13 (2) The date.
14
15 (3) The character, including the name and strength, and quantity
of controlled substances involved.

16 COST RECOVERY

17 16. Code section 125.3 provides, in part, that the Board may request the administrative
18 law judge to direct a licensee found to have committed a violation or violations of the licensing
19 act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the
20 case. The board may include the recovery of the costs of investigation and enforcement of a case
21 in any stipulated settlement.

22 DRUGS

23 17. Ambien is the brand name for the generic drug Zolpidem and is a Schedule IV
24 controlled substance pursuant to Health and Safety Code section 11056, subdivision (g), and a
25 dangerous drug within the meaning of Business and Professions Code 4022.

26 18. Dilaudid is the brand name for the generic drug Hydromorphone. It is a Schedule
27 II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(J),
28 and a dangerous drug within the meaning of Code section 4022.

1 19. Norco is the brand name for the generic drug Hydrocodone (a semisynthetic
2 narcotic analgesic) combined with the non-narcotic substance Acetaminophen. It is a Section III
3 controlled substance pursuant to Health and Safety Code section 11056, subdivision (e)(3), and a
4 dangerous drug within the meaning of Business and Professions Code section 4022.

5 20. Oxycodone is the generic name for the brand named drug Percocet. It is a
6 synthetic non-opiate derivative used extensively in the treatment of mild to moderate pain and
7 fever. It is a controlled substance as defined in Schedule II, Health and Safety Code section
8 11055, subdivision (b)(1)(M), and a dangerous drug as defined in section 4022.

9 21. Temazepam is the generic name for the brand name drug Restoril. It is a
10 controlled substance as defined in Schedule IV, Health and Safety Code section 11057,
11 subdivision (d)(29), and a dangerous drug as defined in section 4022.

12 **FACTUAL STATEMENT**

13 22. For an unknown period of time that included October 10, 2010 through March 2011,
14 Respondent worked as a registered nurse at San Ramon Regional Medical Center located in San
15 Ramon, California. During the course of her employment, Respondent committed the following
16 acts:

17 a. PATIENT 1¹: Patient 1's physician ordered Dilaudid 1 mg every 3 hours as
18 needed for severe pain.

19 i. On or about February 14, 2011, at approximately 1610 hours, Respondent
20 removed Dilaudid 1 mg from the Omnicell² system allegedly for the administration to Patient 1.
21 Respondent charted the administration of the medication at 1605 hours, which was prior to the
22 time that she withdrew the medication from the system.

23 ii. On or about February 14, 2011, at approximately 2107 hours, Respondent
24 removed Dilaudid 1 mg from the Omnicell system allegedly for the administration to Patient 1.

25
26 ¹ Patients are identified by numbers in order to preserve patient confidentiality. The
27 medical record numbers of these patients will be disclosed pursuant to a request for discovery.

28 ² Omnicell is a system for the automated dispensing and management of medications at
the point of use in hospital settings.

1 Respondent charted the administration of the medication at 1948 hours, which was prior to the
2 time that she withdrew the medication from the system.

3 ~~iii. On or about February 15, 2011, at approximately 1536 hours, Respondent~~
4 removed Dilaudid 1 mg from the Omnicell system allegedly for the administration to Patient 1.
5 Respondent charted the administration of the medication at 1525 hours, which was prior to the
6 time that she withdrew the medication from the system.

7 b. PATIENT 2: Patient 2's physician ordered Dilaudid 1 mg every 3 hours as needed
8 for severe pain.

9 i. On or about February 16, 2011, at approximately 1447 hours, Respondent
10 removed Dilaudid 1 mg from the Omnicell system allegedly for the administration to Patient 2.
11 Respondent charted the administration of the medication at 1435 hours, which was prior to the
12 time that she withdrew the medication from the system.

13 ii. On or about February 16, 2011, at approximately 1754 hours, Respondent
14 removed Dilaudid 1 mg from the Omnicell system allegedly for the administration to Patient 2.
15 Respondent charted the administration of the medication at 1750 hours, which was prior to the
16 time that she withdrew the medication from the system.

17 iii On or about February 16, 2011, at approximately 2114 hours, Respondent
18 removed Dilaudid 1 mg from the Omnicell system allegedly for the administration to Patient 2.
19 Respondent charted the administration of the medication at 2100 hours, which was prior to the
20 time that she withdrew the medication from the system.

21 c. PATIENT 3: Patient 3's physician ordered Dilaudid 1 mg every 1 hour as needed
22 for breakthrough pain.

23 i. On or about February 25, 2011, at approximately 1918 hours, Respondent
24 removed Dilaudid 1 mg from the Omnicell system allegedly for the administration to Patient 3.
25 Omnicell recorded that Dilaudid .75 mg was wasted. Respondent failed to document the
26 administration of the medication on the patient's medication administration record. Respondent
27 failed to chart the wastage of or otherwise account for the medication.
28

d. PATIENT 9: Patient 9's physician ordered Dilaudid .50 mg every 4 hours as needed for pain.

i. On or about February 19, 2011, at approximately 1529 hours, Respondent removed Dilaudid 1 mg from the Omnicell system allegedly for the administration to Patient 9. Respondent charted the administration of Dilaudid .50 mg at 1529 hours and that the remaining Dilaudid was wasted at 1640 hours. The charting of the wastage was untimely.

ii. On or about February 20, 2011, at approximately 2304 hours, Respondent had removed Dilaudid 1 mg from the Omnicell system allegedly for the administration to Patient 9. Respondent charted the administration of Dilaudid .50 mg at 2315 hours. However, at approximately 2409 hours, Respondent removed Dilaudid 1 mg from the Omnicell system allegedly for the administration to Patient 9. Respondent charted the administration of Dilaudid .05 mg at 2345 hours, which was prior to the time she withdrew the drug from the system and the amount of medication removed exceeded the amount indicated in the physician's orders.

iii. On or about February 20, 2011, at approximately 1834 hours, Respondent had removed Temazepam 7.5 mg from the Omnicell system allegedly for the administration to Patient 9. Respondent failed to document the administration of the medication on the patient's medication administration record. Respondent failed to chart the wastage of or otherwise account for the medication. Patient 9's physician did not order the medication that Respondent withdrew.

e. PATIENT 12: Patient 12's physician ordered Norco 10 mg every 6 hours as needed for moderate pain.

i. On or about February 15, 2011, at approximately 1832 hours, Respondent removed Norco 10 mg from the Omnicell system allegedly for the administration to Patient 12. Respondent charted the administration of the medication at 1948 hours. The charting of the administration was untimely.

f. PATIENT 18: Patient 18's physician ordered Dilaudid .25 to 1 mg every 2 hours as needed and Ambien 5 mg as needed for sleep.

i. On or about March 8, 2011, at approximately 2002 hours, Respondent removed Dilaudid 1 mg from the Omnicell system allegedly for the administration to Patient 18.

1 Respondent charted the wastage of Dilaudid .50 mg at 0036 hours. The charting of the wastage
2 was untimely. Respondent failed to document the administration of Dilaudid .50 mg on the
3 patient's medication administration record or otherwise account for that dosage of the medication.

4 ii. On or about March 8, 2011, at approximately 2218 hours, Respondent removed
5 Ambien 5 mg from the Omnicell system allegedly for the administration to Patient 18.
6 Respondent failed to document the administration of the medication on the patient's medication
7 administration record. Respondent failed to chart the wastage of or otherwise account for the
8 medication.

9 23. On or about March 11, 2011, San Ramon Regional Medical Center suspended
10 Respondent's employment due to the narcotic discrepancies described in paragraph 22 and its
11 subparts, above.

12 24. On or about March 12, 2011, Respondent, wearing her nursing scrubs, removed 6
13 doses of Dilaudid 1.5 mg, 3 syringes of Dilaudid 1 mg, 3 vials of Dilaudid 50 cc, and 10 tablets of
14 Oxycodone from San Ramon Regional Medical Center's Omnicell system without a physician's
15 order and when she was not authorized to be on the hospital grounds.

16 25. Respondent admitted to a Board investigator that she diverted Dilaudid and Norco
17 from San Ramon Regional Medical Center's Omnicell system for personal use.

18 **FIRST CAUSE FOR DISCIPLINE**

19 **(Unprofessional Conduct: Use of Controlled Substances)**

20 26. Respondent's registered nurse license is subject to discipline under Code section
21 2761, subdivision (a), for unprofessional conduct, as defined by Code section 2762, subdivision
22 (b), in that while employed as a registered nurse at San Ramon Regional Medical Center in San
23 Ramon, California, she admittedly used controlled substances and dangerous drugs to an extent or
24 in a manner dangerous or injurious to herself, any other person, or the public or to the extent that
25 such use impaired her ability to conduct with safety to the public the practice authorized by her
26 license, as set forth in paragraphs 22 through 25, above.

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1 SECOND CAUSE FOR DISCIPLINE

2 **(Unprofessional Conduct: Obtaining/Possessing Controlled Substance/ Dangerous Drugs)**

3 27. Respondent's registered nurse license is subject to discipline under Code section
4 2761, subdivision (a), for unprofessional conduct, as defined by Code section 2762, subdivision
5 (a), in that while employed as a registered nurse at San Ramon Regional Medical Center in San
6 Ramon, California, she committed the following acts, as set forth in paragraphs 22 through 25,
7 above:

8 a. Respondent unlawfully obtained and possessed the following controlled substances in
9 violation of Code section 4060: Ambien, Dilaudid, Norco, Oxycodone, and Temazepam.

10 b. Respondent unlawfully obtained the following controlled substances by fraud, deceit,
11 misrepresentation, subterfuge and/or by the concealment of a material fact, in violation of Health
12 and Safety Code section 11173, subdivision (a): Ambien, Dilaudid, Norco, Oxycodone, and
13 Temazepam.

14 c. Respondent unlawfully obtained and possessed the following dangerous drugs:
15 Ambien, Dilaudid, Norco, Oxycodone, and Temazepam.

16 THIRD CAUSE FOR DISCIPLINE

17 **(Unprofessional Conduct: Falsify or Make Incorrect or Inconsistent Entries in Records)**

18 28. Respondent's registered nurse license is subject to discipline under Code section
19 2761, subdivision (a), for unprofessional conduct, as defined by Code section 2762, subdivision
20 (e), and Health and Safety Code section 11190, in that while employed as a registered nurse at
21 San Ramon Regional Medical Center in San Ramon, California, she made false, grossly incorrect,
22 and/or grossly inconsistent entries in hospital, patient, or other records pertaining to controlled
23 substances and dangerous drugs as set forth in paragraphs 22 through 25, above.

24 **DISCIPLINARY CONSIDERATIONS**

25 29. To determine the degree of discipline, if any, to be imposed on Respondent,
26 Complainant alleges that on or about March 22, 2011, Respondent voluntarily enrolled in the
27 Maximus drug treatment program. On or about May 24, 2011, Maximus terminated Respondent
28 from the drug treatment program for the failure to comply with the provisions of the rehabilitation

1 plan. Respondent failed to call First Lab as required and she refused to enter a sober living
2 facility, per Respondent's own admission.

3 30. On or about March 22, 2011, Respondent was admitted to John Muir Behavioral
4 Health Services for depression, opiate dependence, and a suicide attempt. On or about May 13,
5 2011, the outpatient center discharged Respondent.

6 **PRAYER**

7 WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this
8 Accusation, and that following the hearing, the Board of Registered Nursing issue a decision:

9 1. Revoking or suspending Registered Nurse License Number 747629, issued to Tera
10 Jean Edison;

11 2. Ordering Tera Jean Edison to pay the Board of Registered Nursing the reasonable
12 costs of the investigation and enforcement of this case, pursuant to Business and Professions
13 Code section 125.3; and

14 3. Taking such other and further action as deemed necessary and proper.
15
16

17 DATED: OCTOBER 09, 2012

18 *for* Stacie Ben
19 LOUISE R. BAILEY, M.ED., RN
20 Executive Officer
21 Board of Registered Nursing
22 Department of Consumer Affairs
23 State of California
24 Complainant

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